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EMERGING NEED FOR A NATIONAL POLICY ON PSYCHOSOCIAL RISK ASSESSMENT AND MONITORING İ-IN A DEVELOPING COUNTRY: A MODIFIED DELPHI STUDY

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ABSTRACT

Purpose: To create a framework for consensus on the assessment and monitoring of psychosocial risks by taking the opinions of people from relevant experts and institutions in Turkey.
Methods: A modified Delphi Study was conducted with experts from different stakeholders and institutions working on psychosocial risk assessment and monitoring policy and practice in Turkey. Representation was not aimed. Purposive and convenient sample was selected by including tripartite structure of occupational health perspective. The study was conducted on June and July 2019 via internet. Two rounded survey method was used to get information from the participants.
Results: The participants were agreed on workload, lack of job security, overwork, the low quality of leadership, insufficient wages, underemployment, mobbing and discrimination are the most important psychosocial risks in Turkey. Psychosocial risk assessments were not carried out in workplaces due to non-prioritization and negligence. The awareness on psychosocial risks at work is low and no standard approach has been identified in psychosocial risk monitoring. There is a need for an action plan supported by many different disciplines, stakeholders and institutions. Legal infrastructure and guideing is needed for psychosocial risk assessment. Competence of OHS professionals should be ensured for the implementation of the procedures.
Conclusion: Legal regulations and complementary documents are necessary to guide employers and OHS professionals while conducting psychosocial risk management. These actions should be handled with all participation of social partners, sectoral and professional associations.

Keywords: psychosocial risk, policy, Delphi study, risk assessment

INTRODUCTION

One-quarter of workers in Europe reported that they were exposed to work-related stress during the working period, which adversely affected their health. Some of the psychosocial risks such as long working hours or low social support have been decreased in Europe since 2005. But, it is known that job insecurity and flexible working times are increasing in recent

years(1). According to the Framework Directive 89/391/EEC, preventive measures should be applied for psychosocial risks like others(2). Psychosocial risk prevention is the responsibility of employers and policymakers to improve working conditions by taking into account the specific psychosocial risks of employees in different sectors(1). The European Autonomous Framework Agreement on Work-Related Stress, provides a list of potential stressors according to the groups such as work organisation and processes, working conditions and environment, communication, change in workplaces and individual factors. All countries may enact specific rules and practices according to their national systems by national collective agreements or agreements on recommendations, guidance, and practical tools or surveys(3). Every member state has different strategies to implement the European Agreement according to its history, national culture, economic sectors and structure. In countries where the requirements of the European Agreement are met, efforts should be made to make them useful and implemented, rather than to produce more instruments. The EU Agreement may be implemented in the Member States in many ways through social partner agreements, collective agreements, national legislation, tripartite activities or complementary (e.g. training, brochures, workshops, internet-based tools) activities(2). OHSAS 18001, 18004, ILO-OSH 2001 and EN ISO 10075-1/2-Ergonomic principles related to mental workload have particular points about psychosocial risks. Framework agreement on harassment and violence at work is also important to guide the countries about definitions and preventing strategies(4).

The implementation and enforcement style of Framework Directive 89/391/EEC depend on the resources and infrastructures of the countries. In the last years, work-related stress is also accepted as a matter on the OHS agenda. But it is still neglected when compared with other risks(5). In addition, psychosocial risk assessment and related conceptual positioning with this perspective are important for both developing and developed countries in terms of building national policies as well as achieving global sustainable development goals(6).

According to The Occupational Health and Safety Act (No.6331) psychosocial risk assessment at work is a legal requirement. But this law does not mention psychosocial risks at work specially except monotonous work(7). There is a lack of a model for psychosocial risk assessment and monitoring in Turkey(8). The aim of this study was to create a framework for consensus on the assessment and monitoring of psychosocial risks by taking the opinions of people from relevant experts and institutions in Turkey.

METHODS

This is a Modified Delphi study conducted with experts from different stakeholders working on psychosocial risk assessment and monitoring policy and practice in Turkey. Representation was not aimed. Purposive and convenient sample was selected by including tripartite structure of occupational health perspective. The researchers aimed to reach the experts from the institutions were shown in Table 1. The study was conducted on June and July 2019 via internet. Informed consent was taken at the beginning of the survey questionnaire.

Literature review were done and then meetings were organized via internet and e-mail with the experts including the researchers. Current status and priorities were evaluated about psychosocial risk assessment and monitoring for building an open-ended questionnaire. All survey was carried out via internet. In the 1st round, open-ended questions were sent to the people which are choosen in the expert meetings. The questionnaire consists of 2 sections prepared according to the variables; sociodemographic variables of the participants and open-ended questions. First round content variables were age, gender, educational level, professional background, current job position, institution, having a special training on OHS, having a special training on psychosocial risks and having an experience on psychosocial risk assessment. It was assumed that expert people have a minimum level of knowledge about the concept and practice of psychosocial risks in the basic work environment. However, if there was a lack of this basic concept, the stages and structuring of the research was affected, so global definition of psychosocial risks was added to the research form. The questionnaires prepared by the researchers were forwarded to 2 individuals determined from each institution and a response was requested within 3 days. In addition, the 2nd day telephone reminder and the 3rd day secondary reminder for 5 days was provided. The main themes

Table 1. Institutions and organizations to reach key experts

Ministry of Family, Labor and Social Services	General Directorate of Labor
	General Directorate of Occupational Health and Safety
	Guidance and Inspection Department
Ministry of Health	Department of Employee Health
Psychosocial Risk Working Group of Turkey (Occupational health and safety specialists, occupational physicians, psychologists etc.)	
ILO Turkey Office	
Occupational Physicians Association	
Union of Chambers of Turkish Engineers and Architects	
Turkish Medical Association	Occupational medicine group
Universities	Academics who had worked in this field

were described from the answers of the 1st round open-ended questions by the researchers. The researchers decided on process, variables and the cut-off level of consensus. The 2nd round questionnaire were prepared by discussing the answers and getting suggestions from other experts who work on psychosocial risk assessment from different institutions and redirected to the participants in order to achieve consensus. In the 2 nd round survey the level of consensus on the themes was requested from the participants within fifteen days and asked to rate them. In the final evaluation, level of consensus results was sent to the participants and priority of the statements were asked to them. The priorities for the model development were calculated according to the average scores. After the evaluation of the data results was reported to ensure information to build laws and regulations on psychosocial risk assessment and monitoring in Turkey. The method stages were shown in Table 2(9-11). The qualitative data was evaluted by the researchers in the direction of thematic grouping. The responses were evaluated seperately to avoid bias. The 2nd round questionnaire's answers were categorized 1 to 5 points. The total agreement was 5 point, while no agreement was 1 point. The scores (1 to 5 point) was rounded to 20-100 points. The agreement cut-off level was decided as 80% or more points. The priority of the statements ranked by the average score of the responses. All quantitative data were analyzed by using IBM SPSS (Version: V20.0).

The study was certified by the institutional ethics board of the Dokuz Eylul University Faculty of Medicine (date: 12.06.2019; number: 2019/14-39). The procedures in the study were consistent with the Helsinki Declaration, and informed consent was obtained from all participants.

RESULTS

The 1st round questionnaire were sent to thirty-nine people. Thirty-six people participated to 1st round survey and twenty-nine people participated 2nd round survey.

1st round: The open-ended questionnaire were evaluated by the researchers and the main themes were the description of psychosocial risks, the types of occupational psychosocial risks, the principal psychosocial risks in Turkey, the status and importance of psychosocial risk assessment, ways of conducting the psychosocial risk assessment, status regarding psychosocial risk monitoring, barriers and facilitators on psychosocial risk assessment and monitoring, the competence of the psychosocial risk

Table 2. The process and stages of Modified Delphi Study

Stages	Content
Preparation process of the study and selection of key experts	• Electronic meetings and discussions • Backgroud evaluation of country and literature review of previous country examples about psychosocial risk assessment • Decision to delphi expert team and structure of process • Turkey's key institutions and configuring basic conceptual framework • Ethics committee application
First round qualitative survey	• Dissemination of open-ended questions • Synthesis of open-ended questions and structured sections of the first round
Second round	• Initial list of first round open-ended questionnaire and preparation of second extended round • Survey questionnaire for priorities and ranking • Sharing the results with the participants and asking for new suggestions
Final evaluation	• Reporting the results and sharing the report with key experts

Table 3. Participants' characteristics for each rounds

	Round 1 [n = 36]		Round 2 [n =29]	
	n	%	n	%
Gender				
Female	19	52.8	14	48.3
Male	17	47.2	15	51.7
Education level				
University	13	36.1	11	37.9
Master degree	7	19.4	5	17.2
PhD degree	16	44.4	13	44.8
Professional background				
Physician	16	44.4	12	41.4
Engineer	10	27.8	7	24.1
Nurse	4	11.1	4	13.8
Psychologist	3	8.3	3	10.3
Others	3	8.3	3	10.3
Current Job				
Occupational safety specialist	2	5.6	2	6.9
Occupational physician	10	27.8	9	31.0
Labour inspector	3	8.3	2	6.9
Academician	11	30.6	8	27.6
Others	10	27.8	8	27.6
Institution*				
Government	7	19.4	6	20.7
NGO, or trade union	7	19.4	5	17.2
University	11	30.6	8	27.6
Occupational health practice	11	30.6	10	34.5
Having a special training on OHS				
Yes	25	69.4	20	69.0
No	11	30.6	9	31.0
Having a special training on psychosocial risks				
Yes	19	52.8	17	58.6
No	17	47.2	12	41.4
Having an experience on psychosocial risk assessment				
Yes	22	61.1	20	69.0
No	14	38.9	9	31.0

*Government institutions included The Ministry of Family, Labor and Social Services, and Ministry of Health. NGOs and trade unions included both associations and unions. Universities included direct university employees. Occupational health practices included occupational physicians and occupational safety specialists working in the private sector.

assessors, the institutions and professions in psychosocial risk monitoring.

2nd round: The description of psychosocial risks which was expressed as '…all factors that may arise from the working environment, conditions or relationships which prevent workers from being in harmony with the working environment in all aspects and disrupt the state of mental and physical well-being of workers'. The participants had 80% higher consensus level on psychosocial risks (workpace, workload, low control and influence at work, low possibilities for development, monotonous and meaningless job, lack of predictability and recognition, role ambiguity and conflict, low leadership quality, low social support from colleagues and supervisors, work-life conflict, low trust and organizational justice, mobbing, bullying, violence and discrimination, insufficient wages, job insecurity, informal work or underemployment). But the consensus level was a 68.9% for demands for hiding emotions is also a psychosocial risk at work.

The participants were agreed on workload, lack of job security, overwork, the low quality of leadership, insufficient wages, underemployment, mobbing and discrimination are the most important psychosocial risks in Turkey. Participants agreed that regular psychosocial risk assessments were not carried out in workplaces due to non-prioritization and negligence. They also agreed that the awareness on psychosocial risks at work is low and no standard approach has been identified in psychosocial risk monitoring in Turkey. They agreed on there is a need

Table 4. Statements contributing to the model development process about psychosocial risks and monitoring

Statements	Consensus levels	
	% of agreement	Mean ± SD*
Psychosocial risk assessment and monitoring in Turkey		
Psychosocial risk assessment is not performed regularly in the workplaces in Turkey.	93.1	4.59 ± 0.87
Psychosocial risk assessment in the working environment is not prioritized and it is neglected in Turkey.	89.6	4.62 ± 0.90
Awareness and acceptability of psychosocial risk assessment in the work environment is low in Turkey.	86.2	4.41 ± 0.95
In some workplaces, psychosocial risk assessment is made by observation or applying questionnaires and scales in Turkey.	**44.8**	3.34 ± 1.01
In some workplaces, burnout, depression or anxiety levels are generally evaluated as psychosocial risk assessment in Turkey.	**58.6**	3.72 ± 1.03
A standard approach for monitoring psychosocial risks in workplaces has not been proposed in Turkey.	93.1	4.66 ± 0.61
In order to eliminate the problems related with psychosocial risk assessment and monitoring in the workplaces, an action plan should be prepared by forming a working group that brings together public institutions, stakeholders and experts from different disciplines.	96.5	4.83 ± 0.47
There is a need for legal infrastructure for psychosocial risk assessment and monitoring in workplaces in Turkey.	93.1	4.62 ± 0.62
There is a need for a guideline to identify standard approaches for psychosocial risk assessment in the workplace in Turkey.	93.1	4.79 ± 0.56
Occupational health professionals who will apply psychosocial risk assessment should be competent, trained and familiar with the specific conditions of the workplace.	93.1	4.66 ± 0.61

* Rated over 5.

for an action plan supported by many different disciplines, stakeholders and institutions. Legal infrastructure and guideing is needed for psychosocial risk assessment in Turkey. Competence of OHS professionals should be ensured for the efficient execution of psychosocial risk assessments. There were low consensus levels about the following statements (Table 4):

- 'In some workplaces, psychosocial risk assessment is made by observation or applying questionnaires and scales in Turkey.'
- 'In some workplaces, burnout, depression or anxiety levels are generally evaluated as psychosocial risk assessment in Turkey.'

The participants agreed on Ministry of Family, Labor and Social Services, Ministry of Health, trade unions, professional chambers, and Academy should be involved in national psychosocial risk monitoring. The participants had only 68.9% consensus rate about employer unions should be a part of national psychosocial risk monitoring. They agreed on psychosocial risk assessments should be made at least once a year. It was suggested that it should be done more than one in a year if it is needed (79.3% consensus rate). Half of the participants agreed on psychosocial risk assessment should be done like the same frequency as other risks at work. They agreed on occupational physician, industrial psychologist, academics and representatives of workers should be involved in psychosocial risk monitoring at work. OHS specialist, other healtcare workers and managers had low level of consensus on involving in psychosocial risk monitoring at work.

Barriers and motivators on psychosocial risk assessment and monitoring had high level of consensus (Table 5).

Table 5. Statements contributing to the model development process about barriers and motivating factors on performing psychosocial risk assessment and monitoring

Statements	Consensus levels	
	% of agreement	Mean ± SD*
Barriers and motivating factors on performing psychosocial risk assessment and monitoring in Turkey		
There is a need for sufficient knowledge and skills of manpower for psychosocial risk assessment in the workplace in Turkey.	93.1	4.66 ± 0.72
Due to production pressure in the workplaces, there is not enough time for psychosocial risk assessment.	86.2	4.66 ± 072
Employees do not trust the OHS professionals who conduct psychosocial risk assessment in their workplaces and cannot provide unbiased information about their psychosocial risks due to fear of being fired.	89.6	4.45 ± 0.78
The indifference of managers to psychosocial risk assessment in the workplace and not prioritizing this issue obstructing the prevention of psychosocial risks.	93.1	4.72 ± 0.59
The lack of a specific legal regulation for psychosocial risk assessment causes this issue to be ignored in the workplace.	93.1	4.62 ± 0.73
Conducting remedial activities as a result of psychosocial risk assessment increases job satisfaction, productivity, production quality and reputation.	87.7	4.66 ± 0.67
Providing legal incentives to workplaces where psychosocial risk assessments are made increases the awareness of employers about this issue.	89.7	4.52 ± 0.69
Workplaces, which have developed safety culture and take precautions against other risks, are more prone to prioritize psychosocial risks.	89.6	4.48 ± 0.69
Psychologists and sociologists who work together with the occupational health and safety unit should be employed in the workplaces that are found to be at high risk in terms of psychosocial risk.	86.2	4.41 ± 0.83
Counseling units should be established for employees to apply for problems related to psychosocial risks in the workplace.	86.2	4.55 ± 0.83

* Rated over 5.

According to the priority scores of the statements contributing to the model development process, the most important statements were:

- 'OHS units and external consultancy should be ensured if they needed.'
- Providing legal incentives in workplaces where psychosocial risk assessment is made may motivate the employer in this regard.
- 'Psychologists or sociologists can be employed and work together with OHS Unit in workplaces where psychosocial risks are high'.

DISCUSSION

All participants agreed on the description of psychosocial risks at work as follows: 'Psychosocial risks, are all factors that may arise from the working environment, conditions or relationships which prevent workers from being in harmony with the working environment in all aspects and disrupt the state of mental and physical well-being of workers' (12, 13). Our study results indicated that the definition and types of psychosocial risks are well understood. Psychosocial risk assessment and monitoring was not performed regularly in the workplaces and there was no standard approach. There was also need for competent OHS professionals to conduct psychosocial risk assessment and monitoring. The fourth European Working Conditions Survey has indicated that many psychosocial risk factors in Turkey were found higher than other countries. Low decision latitude and skill discretion, high psychological demands, high job strain, iso-strain, low social support, discrimination, work-family imbalance, overwork, high effort, job insecurity, low reward and effort-reward imbalance were found significantly higher than Europe (14). In our study, the main psychosocial risks in Turkey were found as

workload, lack of job security, overwork, low quality of leadership, insufficient wages, underemployment, mobbing, bullying and discrimination. Especially work-related stress, bullying/harassment, and violence were also found higher in Turkey than many other countries in ESENER study. Although Turkey has the highest concern regarding psychosocial work environment, procedures to deal with them were found under the average share of EU countries (15). According to the results of our study, awareness and acceptability of psychosocial risk assessment in the work environment was found as low. Work-related stress was not prioritized in the working environment and psychosocial risks were also neglected. In a study which was conducted by Kortum et al., 'traditional risks' and accidents were found as more common reported work-related problems in Turkey (16). It was also found in our study, regular psychosocial risk assessments were not carried out in Turkey. Neverthless, it was stated that psychosocial risk assessments were made by observation or applying questionnaires/scales in some workplaces. Additionaly some participants in our study said that burnout, depression or anxiety levels are generally evaluated as psychosocial risk assessment in many workplaces which have lack of knowledge about work-related stress factors. Our participants agreed on the statement that occupational health professionals should be competent, trained and familiar with the specific conditions of the workplace before conducting psychosocial risk assessment. OHS professionals have to know how they will manage psychosocial risks or they should get support form consultants.

Psychosocial risk assessment does not include assessing the mental state or physical health of employees. As with other risk assessments, it should be started with job analysis. Psychosocial risk assessment should be started with planning the procedure and setting the framework. This procedure consists of defining the jobs/areas, identifying the work-related psychosocial factors, developing and implementing measures, checking effectiveness, updating information and documentation (17). The involved parties like employers, employees and inspectors should be aware of the importance of psychosocial risks and their consequences. Generally, specialists' knowledge is needed to implement the psychosocial risk assessment. It is also important to know which procedures and methods are convenient to identify and assess the psychosocial risk factors in different workplaces. Internal or external experts (OHS expert, occupational physician, the competent insurance institution or the government inspection body) may be consulted if necessary (17). Our study participants also affirmed that Occupational physician, industrial psychologist, academics and representatives of workers should be involved in psychosocial risk monitoring. Especially in small companies, if there is no work council, OHS Commitee or any trade union delegates, it is suggested that a person trusted by all parties should be assigned for psychosocial risk assessment. The employer should ensure impartiality and workers' participation for the risk analysis and management process. Manager, workers' representative, occupational physician or external expert may manage the prevention policy (18). It was suggested that psychologists or sociologists can be employed and work together with OHS Unit in workplaces where psychosocial risks are higher. Counseling units will be useful for employees to solve the problems related to psychosocial risks.

A comprehensive and participatory approach with involvement of workers and OHS professionals was also suggested in the Italian INAIL methodology for psychosocial risk assessment. It is also important to make sure about the knowledge of the steering group members about psychosocial risk management (19). Many companies provide specific training to the steering group members or get consultation from external expert like occupational psychologist before preliminary assessment phase (20). Health and Safety Executive (HSE) approach does not suggest any standardized tool or structured plans for risk assessment(21). HSE Management Standards were prepared for helping the employers about conducting psychosocial risk assessment and dealing with work-related stress at workplace. Employers are obligated to conduct psychosocial risk assessment, but these standards are not compulsory. They can use another approaches, if they meet legal requirements in UK (22). National Institute of Safety and Health at Work (INSHT) in Spain, also published a guideline which consists of identification of psychosocial risk factors, information about methodology and instruments for risk assessment, implemention of field work, analyzing data, documentation, intervention programmes, and follow-up(23). An inspection toolkit were developed by The Committee of Senior Labour Inspectors (SLIC) for improving the quality of

psychosocial risk assessments and preventive measures in some of the EU Member States. It includes guide for labour inspectors, information about psychosocial risks and risk assessment methods, tools for audit of psychosocial risks and stress at work checklist (24). The main problems to conduct psychosocial risk assessment in the workplaces were lack of knowledge and poor competence of OHS professionals in Turkey. So, our participants agreed on the statement that competent manpower for psychosocial risk assessment in the workplace is needed. A restructuring and guidance can be created in Turkey in a similar way like other EU countries. Thus, OHS professionals will be guided by how to assess psychosocial risks when required by law. Lack of resources, lack of technical support or guidance were more common barriers in Turkey than other EU-27 countries (15). There is also no standard approach in psychosocial risk monitoring in Turkey. There is a need for legal infrastructure and a guideline to identify standard approaches for psychosocial risk assessment and monitoring in workplaces. In ESENER study, major reasons for addressing psychosocial risks in the companies were fulfilment of legal obligations, pressure from the labour inspectorate, loss of productivity or decrease in quality of outputs, increase in absenteeism, requests from workers or their representatives, clients'satisfaction or concern about the institution's reputation (15). The most important reason for adressing psychosocial risks due to legal requirements is not surprising. Because many establishments strives to meet legal requirements for OHS management (25). It is known that managers prioritize their obligations arising from legal requirements due to avoiding punishment (8).

Our study results showed that enacting and implementing spesific laws and regulations will be an important step for prioritizing psychosocial risks. Several approaches have been introduced in EU countries during the last 15 years. Although some countries have developed specific legislations, guidelines, or other initiatives to increase organisational interventions at workplaces, some of them only translated and signed the The Framework Agreement on Work-related Stress at the EU level (1). The cooperation of different parties facilitates understanding the traditions, labor relations and market, and finding the right methodology for OHS development (1). Low prioritisation of psychosocial issues, lack of awareness and social dialogue were also found as the main barriers for implementing the psychosocial risk assessment and management in EU Member States (5).

Fulfillment of legal obligations, maintaining good reputation of workplace about OHS issues, increasing job satisfaction and productivity were found as the motivators of psychosocial risk management in ESENER-2 survey(26). Over the years, many policy documents have been published and adopted about this topic in the EU countries. It was observed that there is a need to be supported by more explanatory and practical supportive guidelines (27). The use of binding legal regulations and voluntary guidance or policy documents, cooperation and development of social network, emphasis on good practices and achieving a balance between policy and practice in the future will be the main priorities for all countries (28).

Legal regulations and complementary documents are necessary to guide employers and OHS professionals while conducting psychosocial risk management. Tools and guidelines may be created with good examples at different sectoral or national levels. These actions should be handled with all participation of social partners, sectoral and professional associations.

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